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A Monthly Journal for the Nursing Profession in Canada

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The Care of Radium and Its Uses

By W. H. B. AIKINS, M.D.
The Radium Institute, 134 Bloor Street, West, Toronto.

Radium for therapeutic purposes is prepared in various forms. The emanation may be used, in which case it is collected in capillary tubes 3 mm. long and 0.3 mm. in diameter. These are inserted into the tissue to be treated, and are left in situ. They are always introduced by the physician in charge of the treatment. When treatment is given with radium element, however, the same is not the case. Radium element is applied in three forms—flat applicators, tubes, and needles. The insertion of radium needles should always be performed by a skilled operator; but, under proper instruction, and in certain instances, tubes and flat applicators may be applied by a nurse or assistant. The greatest care must be taken in the handling of radium element, as constant contact with

applicators may produce keratoses of the fingers. A systemic effect is often noticed in persons dealing with large quantities of radium, so that caution must be employed in its use. As applicators maintain their strength for a long period of years, it is obvious that they will be used for a great number of patients. For this reason the utmost precaution must be exercised, lest any infection be carried. In order to obviate this difficulty, in the case of flat applicators, they are covered with a thin sheet of rubber dam, which can be removed after each treatment. Tubes and needles are very thoroughly cleansed with alcohol. As a radium applicator is usually very small, in proportion to its value, it is wise to affix to it a label bearing the words, "Caution: Radium. Do not throw away," or a similar precaution. In hospitals, a caution label should be placed over the head of the patient's bed in which radium is being used, and a special receptacle should be kept for dressings from cases treated by radium. Such dressings should not be thrown away until all radium applicators have been accounted for. Many losses of radium have been incurred in this way.

When radium is lost, a search is made for it by means of an electroscope. This instrument, however, is of little value, except in the hands of an expert. A case has been cited in which an inexperienced person tested a cinder pile to try to find 25 milligrams. It was found to be radioactive. It was tested in small quantities and separated into active and inactive portions. Examination by a more experienced person showed no activity in the "active" portion and much in the "inactive." This shows the necessity for the careful choice of an analyst. Immediately on discovery of a loss, the selling company or the insurance company should be apprized of it without delay. Then care should be taken to save all dressings, waste paper and cinders for examination.

Treatment by radium is very simple. The majority of cases can be most readily treated in the office. This applies to all skin lesions, unless fairly extensive operative procedure is necessary before radium is applied. Most toxic goitre cases can be treated without the patient going to a hospital. This applies also to certain cases in which post-operative treatment is given. Uterine cases, cases of carcinoma of the rectum, and many cases in which radium is introduced immediately following operation, must be treated in a hospital, and these demand the greatest care of radium, as the possibility of loss is so much increased.

The word "radium" to many spells horror, for in a vague way they connect it with cancer and therefore with fatality. Its association with cancer is most justifiable, for it has a wide use in a number of malignant conditions; but it is hoped that very soon people will come to realize that only in the early use of radium and similar agents can malignancy be averted in many cases. For early skin cancers—rodent ulcers and epitheliomata—there is no single agent as effective as radium. In 95 per cent. of all cases treated, clinical cures are assured. Epitheliomata of the lip, if uncomplicated by glandular metastases, give equally good results under

radium treatment. It cannot be denied that such conditions, if not treated early, lead inevitably to a fatal conclusion.

Radium is of great benefit in many non-malignant conditions of the skin. Notable among these are birthmarks, angiomata, port-wine stains, keloids, lupus vulgaris and lupus erythematosus, eczema, psoriasis, tubercular ulcer, moles, and warts.

Very remarkable results have been obtained in the treatment of sarcoma. Sarcoma of the skin, angiosarcoma, sarcoma of the conjunctiva and epulis give excellent results. I had one very outstanding case of sarcoma of the periosteum of the upper arm, in which amputation of the arm had been advised. Instead of following this course, the growth was removed locally and radium was introduced into the wound. This treatment took place seven years ago; the patient is in excellent health, and has had no recurrence of the disease.

Toxic goitre has been treated by radium for some time. It is my opinion that this disease is never a surgical one. The general condition of such patients is not conducive to surgical interference, and it is more than fortunate that a substitute has been found in radium therapy. The typical symptoms of this disease are high blood pressure, very rapid heart action, nervousness, tremor, exophthalmos, and general weakness. The use of radium, associated with suitable measures of medication, rest and diet, brings about lowering of blood pressure and a general improvement in health, shown in bettered heart action, lessened nervousness, and a feeling of well-being. This often takes some months; but the patient is told in the beginning that the treatment is a slow one, and that patience must be exercised. Toxic goitre and certain adolescent goitres are the only types which respond to radium treatment. Simple goitres and those of a colloid nature should never be treated with this agent.

With the exception of early skin cancers, the group of diseases which are most readily responsive to the application of radium are diseases peculiar to women. This refers particularly to uterine conditions. In carcinoma of the cervix of the uterus, radium has been of great value. There are certain cases which are still considered operable, and which, in the opinion of many, should still be operated upon, although more and more they are being placed within the realm of radium. Cases which are too far advanced for surgery may receive much benefit of a palliative nature from radium, the latter bringing prolongation of life and often relief of very distressing symptoms. Between these two types are what are known as "borderline cases," which are often most disastrous to the surgeon, but seem to be ideal for radium. Cancer of the fundus of the uterus, however, should always be turned over to the surgeon, unless it is too far advanced, in which case radium may again be used.

In many non-malignant uterine conditions radium plays a most important part. Its beneficial effect in the treatment of fibroids has been so far definitely established as to make it a specific for certain types of this condition. However, care must be exercised in the choice of cases

to be rayed. In all pelvic cases radium should never be used where the condition is complicated by the presence of an extraneous inflammatory process, or where there is pelvic infection, as latent infection may be roused into action by radium rays. In patients under forty, where there is danger of bringing about an early menopause, great care as to the size of the dose must be exercised, if, indeed, it is considered wise to use radium at all. Also, radium should not be used in cases of submucous or subserous fibroids, or in the case of very large fibroids. The effect of the use of radium is a cessation of normal bleeding, a marked decrease in the size of the tumor, and a very definite improvement in general health.

Menorrhagia and metrorrhagia of benign origin respond so satisfactorily to radium that this agent has been called, by a noted radium therapist, a "true uterine styptic." Other conditions which respond readily to radium are leucorrhoea, and also leukoplakia of the vulva and vagina.

Radium brings about much improvement in cases of Hodgkin's disease. It affects reduction in the enlarged masses of lymphoid tissue, and brings about increased comfort and improvement in general health. In myelogenous leukemia, also, radium is of much value. Splenectomy, in this condition, does not markedly affect the course of the disease. Radium, while it cannot prevent the fatal termination of the condition, is able to markedly retard its progress and bring about much general improvement. After the application of radium there is a marked diminution in the size of the spleen, great reduction in the leucocytic count, and improvement in the patient's general health. Unfortunately, this improvement is not permanent, and, after about two months' treatment, must be repeated. As time goes on, treatments must be given more frequently in order to overcome the advance of the disease, but gradually the power of the spleen to respond to radium is lost. However, radium has been of great benefit in rendering the life of the patient more tolerable.

While radium is an agent of very great value in the treatment of disease, it must be used judiciously and in very careful combination with existing methods of treatment. This applies particularly to surgery. Many types of malignancy, where surgery is indicated, are only given the best chances of recovery when radium is associated with operation in order to prevent recurrence. In certain conditions it is thought wise to radiate before operation, and one may make a general statement to the effect that radium should be applied after an operation for the removal of a malignant growth.

Treatment by radium is comparatively new, but the results so far obtained have been so satisfactory that one can only hope that conditions such as those cited in this paper will be brought oftener for treatment while they are still in the very early stages. Only by teaching the importance of early treatment can any advance be made in lessening the gravity of many such conditions.

Malnutrition

By F. W. TIDMARSH, M.D.,
Physician in Charge of Nutrition Services, Massachusetts-Halifax Health Commission, Halifax, N. S.

Read before the Halifax Branch of the Medical Society of Nova Scotia, at Health Centre No. 1.

Malnutrition may be defined as a condition existing when the body weight is above or below the normal standard for the individual, based on the height of that individual. Dr. Wm. R. P. Emerson states that, "After long experimentation, we have found that the best single rule of selection for malnutrition is based upon the relation existing between weight and height, and that the body weight, habitually 7 per cent. or more under the average weight for the child's height, is not equal to maintaining him in normal health." Malnutrition is certainly a fundamental handicap, and is now recognized as one of the chief causes of defective manhood. As one writer points out, "It affects height and weight, interferes with general development, lowers vitality, making every child susceptible to infections, with less chance of recovery and more of relapse. It is likely to precede tuberculosis, and it retards mental development." Malnutrition is found among the children of all nationalities and of all classes of society, and it is a well known fact that it is prevalent among the children of the rich rather than among those of humbler circumstances. The family of the Italian immigrant shows less malnutrition as a rule than that of any other nationality. It is common in all ages and in both sexes. It has been found that, on an average, 33 per cent. of all school children are under weight for their height. This percentage varies greatly in different schools and in different localities. Emerson has shown that in a Chicago school situated in the suburbs, where all the pupils came from families in very comfortable circumstances, 57 per cent. were found to be undernourished; whereas, in a school in the vicinity of the stockyards, where the children were from the poorer class families of all nationalities, the percentage was only 18. This fact has been demonstrated in every city and town where malnutrition classes are being conducted. The causes of malnutrition are five—(1) physical defects, (2) over-fatigue, (3) lack of home control, (4) faulty food habits, and (5) faulty health habits. Of the *physical defects,* the most common one is nasopharyngeal obstruction. This condition accounts for a large proportion of all undernourished children. In some groups it is as high as 80 per cent. *Over-fatigue* is more common at the present time than ever before. The modern child must not only do well in school, but also carries the additional burden of music and dancing lessons, and, frequently, attendance at social functions, resulting in loss of sleep, is demanded. It is surprising how little time some child-

ren have for rest and recreation. *Lack of home control* is also an important factor. Too many homes in these days are ruled by the child. There is no fixed bed-time hour, and the child goes to bed when he sees fit. In the morning he is allowed to sleep until an hour that just gives him sufficient time to dress, eat an insufficient and hurried breakfast, and get to school. If he doesn't care to have the window opened at night, it remains closed. In fact, every desire of the child is gratified, even at the sacrifice of his own health. *Faulty food habits.* The child will not drink milk, and is a tea or coffee addict. The morning cereal is refused, and candy is eaten at all hours, with the result that there is no appetite for proper food at regular hours. *Faulty health habits.* Lack of care of the teeth, constipation, infrequent bathing, sleeping with closed windows, and working in crowded, ill-ventilated rooms, are the most common.

These children present a typical clinical picture. They appear dull and listless, with a serious or anxious expression of countenance. The muscles are flabby and the resulting posture is quite noticeable, especially if the child is sitting. The skin is pale, and there are dark circles under the eyes. If the cause of the condition is nasopharyngeal obstruction, the mouth is open and the expression dull and sleepy. The teeth are usually prominent and the nasal orifice small and pinched. The child is indisposed to physical or mental exertion, and is usually backward in school, from one to two years behind the normal pupil of the same age. The scales establish the diagnosis beyond any doubt and show the degree of malnutrition existing. A complete physical examination is made on every child found to be 7 per cent. or more underweight. If any physical defect is found, it is corrected, if possible, before the child is admitted to the class.

The class method as developed by Emerson is, in our experience, the best way to treat these cases. As Emerson points out, this method has the following advantages:

(1) The class method appeals to the imagination of the child and makes him do for himself what no one else can do for him. It teaches and inspires him to train for health in the same way he trains to be a Boy Scout or an athlete. A large proportion will do exactly as we ask them—open windows, take lunches, rest periods, etc. (2) Economizes time of all concerned. (3) Introduces healthy competition. (4) Pools experience of all families for the benefit of each. (5) Favors study and correction of home difficulties by meeting parents under friendly conditions. (Removes obstacles too great for the authority of the parent, for the undeveloped reason of the child will yield in a surprising manner to interest developed in class. (7) Removes prejudices and fears through knowledge of results obtained, and convinces in a moment, when hours spent in argument have failed. (8) Utilizes the approval of companions as a strong influence in causing a child to do as directed. This last applies to the mother as well as the child. The mother will not willingly permit her child to sit at the foot of the class week after week; pride in her child

will cause her to make every effort to advance that child towards the head of the class.

The class is conducted along kindergarten lines, and everything is done to obtain the co-operation of the child. A large chart is made for each child, and the weight is recorded each week. The chart is placed on the wall in front of the child, that he may see some graphic evidence of the progress he is making. The child who makes the greatest gain sits at the head of the class and receives a gold star on the chart. Different colored stars are also given to those who do not fail to take the mid-morning and afternoon lunch, and to those who take their rest periods regularly.

As over-fatigue is a great cause of malnutrition, we insist that a half-hour period in the morning and afternoon be devoted to complete relaxation on a bed in a quiet or darkened room. The mid-morning lunch taken to school consists of some simple article of diet, such as bread and butter or a sandwich—something of a food value of about 300 calories. We find that this lunch does not in any way lessen the appetite for the following meal. Tea and coffee, and candy between meals, are absolutely forbidden. We advise the consumption of a quart of milk a day and insist upon a pint. The total number of calories per day should be approximately 3,000.

General instruction in hygienic living is given, such as the importance of fresh air by night and day, exercise in the open, required amount of sleep, and cleanliness of person and surroundings. Four chief causes of failure to gain have been noticed: (1) *Illness*: Tonsilitis or "cold" may cause the loss of two pounds in one week. (2) *Environment*: It has been repeatedly shown that a child living in an unhappy home, with quarrelsome, nagging parents, may fail to gain. (3) *School examinations* may cause the loss of three-quarters of a pound in one week. A child who is active before breakfast may lose one-half pound a week. (4) *Worry*: In the Emerson clinic, three children lost one pound a day when a little sister was missing for three days. The treatment of malnutrition and its effects is simple. Once the physical defects are corrected and the intelligent co-operation of child and parent is obtained, the resulting improvement is striking. There is no additional cost and no trouble. The proper hygienic routine that is established in the home makes for increased happiness in the whole family, and gives more leisure time to the parents.

—*The Canadian Medical Association Journal.*

I will get ready, and then perhaps my chance will come.—LINCOLN.

All service ranks the same with God.—BROWNING.

Review of the Status of the Nursing Profession in Canada, with Possible Future Developments

By JEAN E. BROWN, R.N.
President Canadian National Association of Trained Nurses.

Read at Meeting of American Medical Association, Chicago, 1923.

I wish to thank you, first of all, for your gracious invitation to take part in the programme of this conference. I am fully aware of the prestige of this great medical organization, which is international in scope. For this reason, I am rather overwhelmed with the honor you have done to the nursing profession in Canada by asking me to appear on this platform.

Since I have been given fifteen minutes in which to present to you a "Review of the Status of the Nursing Profession in Canada, with Possible Future Developments," I shall have to condense my story at every point. The beginning of nursing, as a profession, is of comparatively recent date in Canada as elsewhere. The Toronto General Hospital established the first training school for nurses in 1881, and in 1890 the Montreal General Hospital established its training school.

There are now in Canada 204 recognized training schools for nurses. Of these, 178 are connected with general hospitals, and 26 with special hospitals, affiliated with other hospitals in such a way as to provide training in all essential departments for the students.

In some of our provinces, even before the passing of Registration Acts, there was some restriction regarding the conducting of training schools in hospitals receiving Government aid. In most of the provinces, however, there was no restriction whatever, and almost any kind of hospital could set up a training school for nurses. Until the passing of Registration Acts, therefore, the only restriction in many parts of Canada was the fact that graduates of certain of these so-called training schools were denied admission to the provincial associations of graduate nurses. Each province drafted its own requirements.

Now every province in Canada has a Registration Act for nurses. Either in the Act or the by-laws, certain requirements are fixed by law for the training schools, the graduates of which are eligible for registration, or are admitted to the examinations for registration. No two Acts are the same. Approximately, however, the requirements are a three years' course of training in caring for men, women and children, together with theoretical and practical instruction in medical, surgical and obstetrical nursing, either in general hospitals with a minimum daily average of twenty-five patients or in special hospitals that have secured suitable affiliation, providing experience in all the essential branches of nursing. As a matter of fact, the average number of beds in hospitals conducting training schools in Canada is 143.

The Province of Ontario has Government inspection of training schools, the appointee being a registered nurse. It is hoped that this step will soon be taken by the other provinces. This will lead up to a standardized curriculum and standardized methods of teaching in the province, at least. The basis of inspection in Ontario is:

Number of beds in the hospital. Minimum daily average of 25.
Facilities to provide experience in all essential branches of nursing, either in the hospital or through affiliation.
Ratio of patients to nurse.
At least three registered nurses on permanent staff—two on duty in day time, one at night.
Suitable class-room equipment.
Record of students' work.
Residence accommodation.
Students' welfare, including health and social life.
Schedule of class work and lecture course—standard curriculum.
Nursing technique.

Apart from these restrictions, each training school is a law unto itself, with final authority vested in the hospital board. The members of a hospital board are, or should be, public-spirited men or women with business ability. It has not always followed that the members of the board have had the vision to direct wisely the educational policies of a training school. What has undoubtedly happened in many cases is that the training school has been exploited in order to provide a cheap means of running the hospital. On the one hand, student nurses are required to perform tasks which should be done by ward maids, and, on the other hand, they are entrusted with responsibilities in some particular service for long periods of time which ought to be undertaken by graduates.

The quality of instruction given in the training schools varies. In the large general hospital connected with a university the lectures in medicine, surgery, obstetrics, gynecology and nervous diseases are given by the members of the Faculty of the School of Medicine.

A plan of centralized lectures given by members of the university staff has been worked out in Toronto:

In Toronto there are eleven training schools for nurses, ranging in size from 12 to 250 enrolled students. In 1917, owing to conditions brought about by the war, the superintendents of nurses of the Toronto hospitals decided that, if the standard of the training of nurses was to be maintained, it would be necessary to conserve the time of the few available physicians left to carry on the lecture course. A committee was organized, consisting of the superintendents of nurses of the various schools. It is responsible for the arrangement of the entire course. The appointment of the lecturers is left to the medical faculty of the university. As none of the schools had a class-room sufficiently large to accommodate the students, the University of Toronto was approached and a

class-room in the Medical Building was provided. The university, while extending this courtesy to the training schools of the city each year, has no connection with the lecture course, beyond the unofficial appointment of these lecturers by the medical faculty.

In addition to this arrangement, a course in chemistry especially designed for nurses has been arranged and given by the Central Technical School of the city. This course covers a period of three months, with one hour class and one hour laboratory work weekly. The examination in chemistry is given by the staff of the Central Technical School, and the examination papers on physicians' lectures are set by the lecturer and read by an examining committee appointed by the training schools. The examinations are written and are held in the various schools at the same hour.

The advantages of such a centralized course are, I think, apparent. It does, however, necessitate some disorganization of the hospital service because of the much longer periods the student nurses are required to be away from the wards, on account of time consumed in travelling to and from the university.

The nursing subjects are given by a member of the training school staff. Special nurse instructors are now generally engaged for this purpose, and probationers are given a series of demonstrations and instruction, usually varying from a period of two to six months, before they are allowed to go on ward duty. It is the work of the instructor, also, to follow up the work of the nurses on the wards, in co-operation with the head nurses. The weakness that still exists, in my opinion, is that only a small percentage of these instructors have received a sufficiently thorough training in the general principles of teaching.

I regret to say that there is no national standardized training school curriculum in Canada. Nurses' organizations have been working on this problem for some time, and it begins to look as if this particular "possibility" would soon be realized. I think few people realize how much Canada is affected by the principle of "provincial autonomy." It is a deeply-ingrained political principle, and enters into every consideration of a national undertaking. Then, too, the geographical conditions are such that in some provinces we have sparsely settled and comparatively isolated rural communities. The whole hospital problem in such parts must be entirely different from that in urban centres. I am mentioning these facts to explain why a scheme of administration has to be approached with great caution and wisdom.

Some of the training schools in Canada have been providing an approximate period of two months in extra-mural work for their students. This first took the form of experience in bed-side nursing in the homes, arranged either through the courtesy of the Victorian Order of Nurses or through a local Nursing Mission. A later development is the arrangement whereby a limited number of students, during their final year, may

take a two months' course in social service or public health nursing. The lectures are given at the social science department of the university, and the field work is provided through municipal public health agencies.

Since the war, five universities in Canada have established a year's post-graduate course in public health nursing. These are the University of British Columbia, Western, Toronto, McGill and Dalhousie. In addition, McGill gives a year's post-graduate course for training school instructors and administrators. The University of British Columbia has had the vision and courage to establish a course of five years, leading up to a degree of Science in Nursing. The first two years are spent in the university in a combined course of Arts and Science, the next two in the training school of the Vancouver General Hospital, and the fifth year is elective in either public health or hospital administration.

While our efforts in Canada have been directed to giving the student nurse a more scientific training than used to be thought possible, the superintendents of our training schools have been vigilant in safeguarding the art of nursing. We don't want our Canadian nurses to lose that essential quality of devotion to the interests of the patient. It is because of this that the education of nurses must differ from the education of other students. In colleges and universities, the education of the student is the only consideration; in hospital training schools, the education of the nurse is secondary to the welfare of the patients. This is the baffling problem that we have to face.

There is a whisper of criticism, heard only occasionally in high places, that the product of the more scientific training is not as competent as her predecessors. I do not think the time is ripe for a just appraisal, and, when that appraisal is made, many factors will have to be taken into consideration. It must be remembered that the young woman of to-day is vastly different from the young woman of even a decade ago. Opinions differ as to the relative merits. We must bear in mind that a nurse who graduates from a training school can take out of it only in proportion to what she brought into it. Character may be intensified, but not completely changed, in a training school. When our people, as a whole, are more imbued with humanitarian ideals and the desire for unselfish public service, the whisper of criticism of the modern nurse will no doubt disappear. In the meantime, in the interests of humanity, the scientific training, which teaches a nurse how to observe, what to observe, and how to express accurately her observations, must be continued and improved. The pessimistic critics of modern nursing education would almost have us believe that a dull or passive mentality, combined with obedience and devotion, is the ideal for a nurse. We must never forget that, in a living ideal of service, there must be an intellectual element to keep it fresh and free.

The advent of the public health nurse has marked an epoch in the nursing profession. Her work is to interpret the great discoveries of

medical science to the masses of the people who, in their ignorance, become the victims of avoidable disease. Her function is to teach personal hygiene. She has been accorded an important place in the field of preventive medicine in Canada.

The care of the sick is as important to-day as ever it was, but the greater problem of removing the causes of disease has forced itself upon the public consciousness; hence the training of medical students in preventive medicine and the training of student nurses in various aspects of public health has become necessary.

The scope of the duties of the public health nurse varies. The fields of generalized and specialized public health nursing are fairly equally divided. The provincial and municipal departments, that have adopted a system of generalized public health nursing, do not include bed-side nursing. A well-known voluntary organization, the Victorian Order of Nurses, makes bed-side district nursing, particularly obstetrical work, its first consideration, and, in the smaller centres of population, the Victorian Order of Nurses do general public health nursing as well.

In Canada, the necessity of a full general course of hospital training as the first essential for a public health nurse has never been questioned, to my knowledge. Since the facilities have been provided, the necessity of post-graduate courses in public health nursing has been stressed. For school nurses, a teacher's training is considered to be an almost indispensable qualification.

An experiment in quite another type of nursing service, that of the nursing-housekeeper, has been tried out in Saskatchewan during the last three years. During the war, public attention was drawn to the scarcity of nurses. On investigation by the Canadian Association of Trained Nurses, it was found that there had never been adequate nursing service for the sparsely settled rural parts of our country. Private duty nurses very naturally remained in the cities where they had been trained, and where they usually had continuous work. The result was that most of the care of the sick in outlying rural communities was supplied by kind-hearted but ignorant and untrained women, some of them making a living by it, others doing it in a neighbourly spirit. Based on this evidence, the C.N.A.T.N., at its annual convention in Vancouver in 1920, passed a resolution approving of the training of a secondary type of nurse. Immediately following this, the Saskatchewan Registered Nurses' Association had their Act amended for the purpose of training and supervising a class of women to be known as nursing-housekeepers. There is no age limit for applicants, nor educational requirements demanded; nevertheless, a good type of woman has been available. They are given a training of one year in elementary nursing subjects, particularly obstetrics, and in the essentials of housekeeping, in the small hospitals which do not conduct training schools for nurses. Three months of this time is spent in the Provincial Sanitarium. They are required to pass examinations, and

are registered as nursing-housekeepers by the Provincial University. They are required to renew their license each year. This can be done only on the recommendation of the supervisor of nursing-housekeepers, who follows their work closely. They use a special uniform, and charge a fee of $3.00 a day. The experiment has been on a small scale, as there are only ten institutions available for conducting the training. Twenty-three students have graduated, ten are in training, and twenty will be received into the 1924 class. Half of the number who have graduated have returned to the rural districts from which they came, and are engaged in caring for the sick. The rest are engaged in small institutions, such as the Red Cross outposts and small municipal hospitals. In no case are they competing with registered nurses, but, rather, they are filling a field hitherto entirely neglected or occupied by the completely untrained so-called practical nurse.

I think the status of military nursing in Canada is quite well known. At the beginning of the Great War, the Canadian Army Medical Corps nurses were given military rank at once. The nursing sisters were given the rank of lieutenant; the matrons, that of captain; and the matron-in-chief was made a major. I believe it is universally acknowledged that Canadian nurses overseas were characterized by their resourcefulness in emergencies, and by their devotion to duty at all times.

So much for what is past. The big tasks of the present are:

1. The working out, on a more extensive scale, of wise schemes of affiliation between general hospital and special hospital training schools.

2. A more extensive training of nursing-housekeepers, to supplement the work of the registered nurse in our rural areas.

3. The standardizing of training schools and training school curricula.

I am not prepared to prophesy as to whether the three years' general training for all types of nursing will be continued. There has been considerable discussion on this point; but the profession, as a whole, has not arrived at any conclusion.

I may be unduly optimistic; but the "future possibility," which seems imminent to me, is that women of the most brilliant intellect, who keenly desire to serve, will find scope for their gifts and a channel for the highest service in some branch of the nursing profession. The exploiting of the student nurse by hospital boards will, I believe, soon cease, and as much care as possible be given to the scientific education of the students. At the same time, prospective student nurses will have it made quite clear to them that the first charge of any hospital is the care of the patients, and that some sacrifice is demanded of the students in a hospital training school for that very reason.

I have dealt throughout with a profession, but I feel I cannot conclude without attempting to give you a picture of the nurse herself at her best. She is a woman physically strong and mentally alert, who

thinks clearly and observes accurately; her sympathies are tender, and, at the same time, purposeful; her response to routine duties is competency, and, to emergencies, initiative and resourcefulness. To all these qualities is added the lovely virtue, courage, through which not only her own life is made beautiful, but by means of which she inspires those to whom she ministers.

THE NEW YEAR

The New Year will come on the wings of night
That watches the Old Year's passing in flight—
Old Year with its burden of laughter and sin,
Of sorrow and gladness, of sunshine and rim;
Of sin and forgiveness, of work and of rest,
Of the days that were better and some that were best.

His record is written, the book has been sealed
Till a day when its secrets will all be revealed;
But here is the New Year, with banners unfurled,
And courage undaunted to conquer the world;
Let's give him a chance, a square deal in the game,
That he may grow old with an untarnished name.

This New Year is ours, to use as we may—
To make or to mar, as we live out each day;
Let's cherish new ideals and strive to forget
The mistakes that we've made and the obstacles met.
No matter how rugged our path may appear,
We can make a clean page in the Book of the Year.

—MARGARET FIORFAR.

Art thou lonely, O, my brother?
Share thy little with another!
Stretch a hand to one unfriended,
And thy loneliness is ended,
So both thou and he
Shall less lonely be,
And of thy one loneliness
Shall come two's great happiness.

—JOHN OXENHAM.

Miss Smellie for V. O. N.

At the monthly meeting of the executive committee of the Victorian Order of Nurses, held on December 7th, Miss Elizabeth L. Smellie was appointed chief superintendent of the Order to succeed Mrs. J. Charlotte Hanington, who recently resigned. Miss Smellie, at the present time, is a field supervisor of the Order in Montreal, and, in addition, is an instructor in public health nursing in McGill University.

Miss Smellie graduated from the John Hopkins Hospital in 1909, taking a position as night supervisor in the McKellar General Hospital, Fort William, Ont., for a short time, and then undertook private nursing in Detroit, 1910 to 1914. She enlisted with the Canadian Expeditionary Force on August 4th, 1914, proceeding overseas in January, 1915, and was stationed at Taplow for a couple of months. She was then transferred to No. 2 General Hospital, Le Treport, where she was night supervisor and charge sister of medical section from May, 1915, to November, 1916. From December of that same year to January, 1917, she was assistant to the matron of the Moore Barracks Hospital, when she was made matron, and continued in that position until early in 1918. Returning to Canada on transport duty, she was appointed assistant to matron-in-chief, Canadian Army Nursing Service, from April of that year to March, 1920. She was mentioned in despatches in 1916, and in November, 1917, was given the Order of the Red Cross, first class.

Miss Smellie took the public health nursing course of Simmons College, Boston, 1920-21, and in July and August of the latter year was field supervisor of students and assistant to the acting director, Instructive District Nursing Association. She is a registered nurse for Quebec, Maryland and Michigan; a member of the Johns Hopkins and Simmons College Alumnae, the Registered Nurses' Association of the Province of Quebec, the Canadian Association of Nursing Education, the National Organization of Public Health Nursing, U.S.A., and the American Child Health Association.

It is quite evident that Miss Smellie's qualifications eminently fit her for the very important duties she is called upon to perform in connection with the work carried on by the Victorian Order of Nurses. It is gratifying to note that the Order has seen fit to promote one of its own nurses, and especially one who has such outstanding ability for the work and possesses the strong support of her own nursing associates.

Choose the life that is most useful, and habit will make it the most agreeable.—BACON.

The United Nursing Services Club, Limited, London, England

(Editor's Note:—The following letter has been recently received by Miss M. C. Macdonald, O.B.E.R.R.C., formerly matron-in-chief of the C.A.M.C. Nursing Service, and has been sent on by her to this office. The Editor feels sure that all nurses who served with the forces in the field, and who shall be fortunate enough to be in England during the exhibition, will gladly avail themselves of the courtesy extended by the club secretary for the board of directors.)

34 Cavendish Square, London, W. 1.
November 16th, 1923.

Dear Miss Macdonald:

I have been instructed by my board of directors to write and inform you that they are arranging to offer limited hospitality to overseas nurses coming to England next spring for the Dominions Exhibitions to be held at Wembly.

My committee are willing to admit as temporary honorary members, for the duration of the exhibition, those ladies who served with the forces in the field, and will be glad to welcome such ladies at any time during this period to the club.

You will, no doubt, realize that this exhibition will make London very crowded, and that accommodation will probably be very difficult to obtain. We therefore hope that this hospitality may be of service to members of your service, and shall be glad if you will make it known to them in any way you can.

Yours sincerely,
M. T. STULL, Secretary.

We all might do good where we often do ill;
There's always a way, if we have but the will;
For even a word, kindly breath'd or suppressed,
May guard off some pain, or give peace to some breast.

We all might do good in a thousand small ways;
Forbearing to flatter, yet giving due praise:
In spurning ill rumor, reproving work done,
And treating but kindly the heart we have won.

We all might do good, whether lowly or great—
A deed is not judged by the purse or estate;
If only a cup of cold water is giv'n,
Like the mite of the widow, 'tis something for heav'n.

—Anon.

Editorial

All nurses in Canada will be interested in the new appointment of Superintendent of the Victorian Order of Nurses for Canada. Mrs. Hannington having resigned, Miss Elizabeth L. Smellie, R.R.C., received the appointment. Miss Smellie is the daughter of Dr. and Mrs. Smellie, of Port Arthur, whose hospitality to the C.N.A.T.N., at its convention in Fort William, will not soon be forgotten. She graduated at the Johns Hopkins Hospital, Baltimore, and went overseas in February, 1915, and served in France, and at Moore Barracks, England, till the close of the war. She took a special public health course at Simmons College, Boston, and since then has been part time on the staff of McGill University, taking the field work for the students in the public health nursing course, and part time as assistant matron-in-chief with the V.O.N. in Montreal.

* * * *

The readers of this magazine, as well as all Canadian nurses, will read with interest the paper given by Miss Jean E. Browne, president of the C.N.A.T.N. at the recent meeting of the American Medical Association in Chicago, and which is printed in this issue. Of course, we all recognize, as did Miss Brown, that anything but a slight skimming of the surface of what our nursing situation is in Canada would be quite impossible in the short time given her to speak on the topic. That we are making strides, and have the highest ideals in our work, seems to need no advertising outside of Canada itself, though Canadians are prone to think that perhaps things are done better somewhere else—one demonstration that "far-away hills are green," as well as the old saying that "a prophet is not without honor save in his own country." Our national pride needs to be kept up; and in the nursing field we can safely feel that we have kept the ideals of nursing service well in front of us, and that our graduates are recognized the world over as being well trained and competent women. That does not mean in the least that we can stand still, and that there are not many things to be improved in nurses' training all over the world. Our profession does move, and we must move with it or sink into the background. Our weakest spot is the failure to insist on proper special training as an essential for those who undertake training school work, and this will be only done when hospital boards are educated to the necessity for this special qualification. Nothing but the best must be our slogan.

In bringing nursing conditions to the attention of the world, Miss Browne has helped materially, not only at this particular meeting, but on all occasions when she had an opportunity to speak.

All Canadian nurses, too, appreciate the honor done our profession by the invitation to Miss Browne to address the American Medical Association.

* * * *

Text-books for nurses written by Canadians are few and far between, and it is gratifying to see that Miss V. M. MacDonald's book on Mental Hygiene and the Public Health Nurse has been recently published. It brings to the student nurse a field of work that has been rather neglected in the past, and one which is of the greatest importance. Miss MacDonald's book is short and to the point, both very good things to be true of text-books. The verbosity of some of our authors of technical nursing literature makes them somewhat of a burden to the student, and gives less benefit to them than would be the case if there was more brevity shown in writing them. A review of this will follow in a later issue.

JANUARY

Whatever change your hours may ring,
Whatever they may lack,
We know they hold one gracious thing—
You'll bring the daylight back.

The New Year is
A flower unblown; a book unread;
A path untrod; a house whose rooms
Lack yet the heart's divine perfumes;
A landscape whose wide border lies
In silent shade 'neath silent skies;
A wondrous fountain yet unsealed;
A casket with its gifts concealed—
This is the year that for you waits
Beyond To-morrow's mystic gates.

Take care of the body, the house of the soul,
If you would its inmate keep hearty and whole;
No leak let there be where wrong thoughts may steal in,
No window left open to black gusts of sin.
For souls may take cold and catch fevers, as well,
As folks who in rickety tenements dwell;
So look to it faithfully, Christian, I say,
This *home of the Spirit*, this temple of clay.

—James Buckham.

The World's Pulse

By Elizabeth Robinson Scovil

Of Interest to Canadians

Colonel R. W. and Mrs. Leonard, of St. Catharines, Ontario, gave nearly $40,000 towards the endowment of Chatham House, London. It is to be the home of the British Institute of International Affairs. The Marquis of Curzon said, in opening it, that the Institute existed to enable people as far as possible in the realm of foreign affairs to arrive at the truth.

German Currency

A letter received recently at the Chicago post-office was in an envelope a foot long and six inches wide. This was covered with postage stamps representing six billion marks, worth about 10 cents in American money. During its passage the mark had declined in value so that the postage was seven billion marks, each worth less than eight one-thousandths of a cent.

Child Martyrs

St. Louis, Missouri, has erected a monument to the thirty-two children killed there by automobiles within a year. The inscription is, "In memory of the child-life sacrificed on the altar of haste and carelessness." Men, women and children, inexperienced and incompetent to handle a powerful car in an emergency, are allowed to drive a sixty-horsepower automobile, with no safeguards. There must be fatal results.

An Air Pageant

When Mackenzie King, Canadian Premier, was in London, a remarkable demonstration of airplane flying was made for the benefit of the colonial premiers. There was a thrilling combat between two single-seater fighting airplanes and a huge two-engine bomber, which, in the course of the attack, looped-the-loop. After dark an airplane, whose wings, body and tail were outlined with electric lights, did trick-flying. The premiers were much impressed with the performance of the light airplanes, which they thought might be of great use in Canada and the other Dominions, where distances are great.

Bonar Law

The remains of Bonar Law, the first Canadian to be Prime Minister of England, were cremated and the ashes laid in Westminster Abbey. The final ceremony was preceded by a simple service at St. Columba's Church, of Scotland, in Chelsea, where he had worshipped for many years. Bonar Law was born in New Brunswick, the son of a Presbyterian minister, and went to Scotland when he was twelve years old. He is described as "one of the best loved of all British Prime Ministers."

Fair Play

In his speech in England, on his return from his visit to America, Lloyd George said, in speaking of Canada and the United States: "Here are the two greatest Commonwealths in the world, without exception, in resources, wealth and possibilities. They have the same sense of right; they have something which is indescribable, but which is concentrated in one word which you will find in no other speech under the sun—fair play. When I used the word in international conferences, I always found the interpreter absolutely baffled. There is no word that corresponds to-day in any other language which is known. It represents, in my judgment, the greatest contribution which the English-speaking world has made to human progress."

A Change in Fashion

The Princess Maud, a daughter of the Princess Royal (the Duchess of Fife), at her marriage to Lord Carnegie, wore a coronet of white heather instead of orange blossoms, a sleeveless dress, with no gloves, and carried neither a sheaf of flowers, a bag, nor a prayer book. It is not considered necessary that the bridal dress should be white; pink, yellow, and even green are worn.

A Woman Lord Mayor

It is one of the signs of the times that the ancient city of Norwich, founded by the Saxons, has chosen a woman as its Lord Mayor. Miss Colman consented very reluctantly to assume the office, saying she was perfectly appalled by the prospect which confronted her. She was assured of loyal support.

A Mile-Long Train

A Regina newspaper publishes an account of a wheat train a mile long, 125 cars, hauled this autumn between Stoughton and Arcola. The weight hauled by a single engine was 7,946 tons.

An Empire Cruise

The Hood, Britain's biggest warship (41,000 tons), accompanied by the Repulse and the first light cruiser squadron, is making a tour of the world to show the British flag in ports where it is seldom seen. The cruise will occupy ten months. Sierra Leone is the first port of call; thence to Cape Town, and so on to Australia, calling at many places; then, by the Fiji Islands and Honolulu, to Vancouver. The battle cruiser will call at Halifax, Quebec and Newfoundland before returning home.

Waterloo Bridge

Waterloo Bridge crossing the Thames, near the famous railway station, is 100 years old. Canova, the famous Venetian sculptor, said it was the noblest bridge in the world, and worth coming from Rome to London to see. It was designed by John Rennie.

News from the Medical World

By Elizabeth Robinson Scovil

Ethyl Chloride

The published mortality rate from ethyl chloride anaesthesia varies from one in 15,000, which is also the mortality rate of other anaesthesia, to about one in 6,000. One might judge that ethyl chloride stands between ether and chloroform, but probably closer to the latter, which gives a mortality of about one in 3,500. The accepted mortality rate for nitrous oxide is about one death in a million anaesthesias. The essential danger in ethyl chloride lies in the suddenness of the death, which may occur within half a minute from the beginning of the exhalation.

New Treatment of Leg Ulcer

A Danish physician thinks that ulcer of the leg is due to infiltration. He treats it with light vibratory massage, supplemented with yellow light. An obstinate ulcer in a man 65 years old had healed completely in three weeks, leaving the skin normal.

Pregnancy and Tuberculosis

There is evidence to the effect that tuberculosis does not modify pregnancy much. The child has the average chance for life and health. In the tubercular mother it seems to reduce the natural defensive forces, and, if the disease is latent, fans the embers into flame.

Temperature in Tuberculosis

The Tubercle, a London journal devoted to the subject of tuberculosis, states that in these cases the temperature should always be taken by rectum. The point in successful treatment is keeping the patient completely at rest when fever is present. The rectal temperature shows a very slight degree of fever.

Isolation in Scarlet Fever

The Lancet considers isolation in scarlet fever of prime importance. All cases should be isolated for at least eight weeks, until ear, nose and throat are healthy. The use of eucalyptus oil to the skin, and phenolated oil to the throat, does not prevent the spread of infection.

Sharp and Sterile Scalpel

Dr. Babcock, of Philadelphia, advises that the blades of scalpels shall be placed in a protective non-corrosive solution before being put in the sterilizer to boil. The solution consists of liquor cresolis compositus, five parts, and pure glycerine, 95 parts. Knife-blades that have been kept in the solution for more than five years remain bright and sharp, the cutting edge not being injured by repeated boiling.

Rickets

In an article in a British medical journal, on the causation of rickets, it is said that a limitation of the supply of calcium proved to be of more importance in causing rickets than the limitation of vitamin A. Cod liver oil exercised a marked effect in helping the cure of rickets in puppies.

GIVE BABY GOOD TEETH FROM THE START

The proper time to start taking care of the teeth is about seven months before baby is born. Very few expectant mothers understand this. Very few realize that, from seven to seven and a-half months before baby arrives, there are twenty little tooth germs being gradually built into the shapes and sizes of the temporary or first set of teeth. Nor does the average expectant mother appreciate the significance of the fact that nature only needs nine months to build the arms, legs, ears, eyes, etc., etc., and these are completely formed before birth; while the teeth, even of the first set, require from twelve to thirty months to be properly formed and built, and years are needed to build the second or permanent set.

From the mother's blood are derived those materials which are necessary to build the teeth. Upon the hardness of the enamel and the perfection of the formation of enamel rods depend the ability of the tooth to resist decay. While the hardiness of the enamel depends upon the materials derived from the mother's blood, the perfection of the formation of the enamel rods depends very largely upon the way the mother lives. By this I mean, if the expectant mother becomes nervously run down or exhausted through overwork, worry, lack of sleep, chronic constipation with auto-infection, or too much gaiety and pleasure, a disturbance of organic function takes place, and faulty formation of the materials used in building the enamel follows. This faulty formation in the enamel brings about susceptibility to decay in the teeth.

The teeth are made up of calcium phosphate, calcium carbonate, and magnesium phosphate. It is necessary, therefore, to include in the mother's diet those foods which contain these elements. Gluten bread, whole-wheat bread, milk, vegetables, nuts, oatmeal and graham bread contain the elements necessary to build good, strong teeth.

To be able to assimilate, or take into the blood, the lime salts, fats are necessary. Butter, cream, and cod liver oil are good conveyors of lime salts into the blood.

Meat, pastry, cakes, and spicy foods are not at all desirable, and the less taken the better.—Thaddeus P. Hyatt, D.D.S., F.A.C.O., in *The Health Builder* for March.

Public Health Nursing Department

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Address public health news items to the nurse who represents your province on the Publication Committee. Miss M. E. Wilkinson, Ontario Red Cross, 410 Sherbourne Street, Toronto, Convenor.

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The Need of a Community Health Conscience in a Child Welfare Programme

Translated and Read Before the French-Speaking Section of the Canadian Council of Child Welfare, held in Winnipeg, Sept., 1923.

We hear a great deal now-a-days about child welfare. It is a phase which embodies so many phases or branches of work that we can hardly blame the public if sometimes a confusion of ideas occurs—or if in hearing the phrase so often, and understanding, they place it as one of the fads that surge and ebb about us.

That it is not a mere fad is proven by the present assembly of earnest workers who are actually engaged in activities for the welfare of children.

In speaking of the needs of a community health conscience in a child welfare programme, we must have firmly fixed in our minds what child welfare work really means. Therefore, to be brief, I shall define it as a programme of activities planned for the spiritual, mental and physical welfare of the children, which naturally falls into two groups, i.e., protective and educative. All of these phases are equally important and

inter-related. For we cannot neglect the spiritual side of a child's life without detriment to his mental and physical welfare, nor can we neglect the mental without harm to the physical and spiritual development. And to neglect the physical life of a child means to neglect the temple which houses the divine part of the human, and to prevent him from developing into perfect maturity to carry out the purposes for which he was created.

Therefore, it is only reasonable to deplore the tendency of many communities to exert much effort to make themselves rich in the things of this world, and yet to neglect the very corner-stone of civilization and duty to the Creator—the preservation of health. It is this effort on the part of a community which means a community health consciousness or conscience.

Ordinarily, we associate the word conscience with things spiritual or moral. Let us see if there is need for a conscience in matters pertaining to health. You will decide then whether or not we have a sufficient consciousness in our community life to *know* and to *do* the things that make for community health and child welfare.

What are some of the community efforts, and how do they affect child welfare problems?

(a) We find each community is required by law to employ a health officer to prevent, discover and control communicable diseases and insanitary nuisances.

How many citizens really think of the tremendous importance that attaches to the position of health officer, and how does the performing or the lack of carrying out of a health officer's duties affect the health of children?

1. Take the problem of communicable diseases. What would happen to a community of children if no steps were taken to prevent or control communicable diseases? Yet even to-day we find parents and guardians who neglect to protect their children and *other* parents' children from contracting communicable disease; and thus we have a long trail of defects, deafness, defective vision, nervous conditions, etc., as a result, a great many of which could have been avoided.

2. Take the problem of milk and water supply. Can any community be excused, in the light of modern knowledge, for allowing contaminated milk and water to be supplied to children? Neglect of these result in diseases which take such a toll of children's lives to-day.

(b) We find each community is invested with the responsibility for providing schools for children.

I should like to ask those familiar with our schools, particularly rural, if you feel that enough consideration is given to health requirements?

Our public buildings should receive the same attention that is given to the well-cared-for home, i.e., sufficiently ventilated, clean, screened for flies and mosquitoes, and warm in winter.

Providing at least a warm drink in the winter for the child who must eat his lunch at school is a community effort well worth making, from the increased ability of the children to study, apart from any other consideration, and yet how many communities are neglectful of this measure?

Trying to educate a child who has a physical disability, or a defect, is an unsound economic venture for a community, apart from any humanitarian reason, yet how many communities have taken steps to solve this problem?

And, worst of all, the neglect of parents or guardians to provide themselves with a knowledge of how to care for properly the bodies, as well as the minds and souls of little ones entrusted to their care.

Training children in habits of health is an essential part of their education. It matters not whether they learn about germs or about the intricate framework of their bodies. But it is important to form habits which will not only safeguard them from disease, but develop and strengthen. Such habits should be formed in the home and at the school.

(c) Other community efforts are establishing of hospitals and institutions for children without parents, or in need of special care. These places of healing and protection generally receive greatest support and sympathy, because their purpose is obvious. But what about the preventive side of this work? How many hospitals are enabled to open outdoor departments, where the children of the poor may receive an equal chance for advice and treatment as the children of those able to afford medical treatment, before reaching a stage requiring hospital care, and where patients could be followed up to insure the lasting benefit of hospital treatment?

As for the orphanages, how much interest is there in helping the usually overworked staffs of these institutions in the numerous ways that are necessary to do good social work for neglected and dependent children?

And, again, how many homes could include one of the many little orphans, bereft of the mothering necessary for the child's best physical development; and which even the poorest home can give—and yet so difficult to give in a large group of an institution, no matter how devoted the staff may be.

Therefore, in every phase of child life, the church, the school, the home, and all welfare institutions, we find that physical health and welfare is a determining factor in dealing with problems of child welfare, and, therefore, needs better understanding on the part of the public.

Even as the community is conscious of the need of teachers for the spiritual and mental development of its children, we see the results of a community awakened to a sense of its responsibility by the employment of means to prevent disease and promote health.

In cities, where the population and sufficient expenditure permit the employment of specialists to deal with the different branches of public health work, we find specially trained health officers, sanitary engineers and inspectors, medical school inspectors and school nurses, school dentists and trained social workers, etc.

However, in Manitoba, the small population and low finances render such means impossible at the present time. In our province we have tested a plan which embodies the best known principles of public health adapted to the needs and conditions of our communities.

This plan of community or public health work is mainly concerned with the health needs of mothers and children, and is carried on through the agency of the Public Health Nursing Service, which, though organized as a Government department, is not influenced by politics, serves every citizen alike, both rich and poor of all nationalities, and yet does not savor of paternalism.

Such a service, to be successful, is somewhat of an achievement, and it stands ready to serve any Manitoba community who has sufficiently developed a health conscience to recognize the health needs of mothers and children.

The public health nurse is a health teacher, nurse, and social worker.

She examines children at the schools for symptoms of disease and physical defects.

She inspects schools for sanitary conditions, and gives health instruction to school children in various ways.

In home-visiting, she assists in arranging for the treatment of those who cannot afford it. She advises in any matter relating to health. Especially does she instruct and give care to expectant mothers — emphasizes the necessity of breast feeding, and teaches inexperienced mothers the essentials of child care.

She establishes child welfare stations, as circumstances allow, which serve as an information bureau in all matters relating to health, and is a centre from which her work radiates.

She gives instruction in home nursing to women's societies, and addresses public meetings on health topics whenever requested.

She assists the health officer in discovering and preventing the spread of communicable disease. In this alone she saves the community much expense. While the services of a public health nurse cannot be measured in dollars and cents, yet we have on record an instance where a nurse saved one community (according to the local officers) a conservative estimate of two thousand dollars by the prompt discovery of a case of smallpox.

She does bed-side nursing, where it is advisable to instruct those in the home in the care of the sick, or if there is an emergency, or at a time of epidemic.

She assists those in charge of institutions for the care of mothers and children by advice in health matters, and adjusts, as far as possible, the social problems that arise.

But the public health nurse as a child welfare agent, working for the improvement of the physical welfare of a community, cannot serve alone. To be successful, she must have the sympathy and co-operation of those interested in the spiritual and mental development of children, the support of municipal officials, and the citizens themselves, who can feel that to their public health nurse they may turn for guidance.

Those who are doubtful of the need of attention to the physical side of a child welfare programme, I would refer to any of the annual reports of the Provincial Board of Health. Such reports are reliable statements that point to a slow but sure awakening of a health conscience in a number of our communities, and show how such a community health conscience serves as a foundation for child health activities.

Voluntary Service

The graduate nurse of Canada has had few opportunities of giving voluntary service to her country or community. The opportunity has not until now arisen.

During the war, when thousands of men were medically examined, it came as a most unpleasant surprise to find the poor physical condition of a great proportion of the men of the Empire. If this was so among men who were supposedly in the prime of life, it must be concluded that the same applies to women and children. It was inevitable that this state of the public health gave rise to grave consideration, and to discussions as to how the situation could be met even in a partial degree.

The Federal and Provincial Public Health Departments are unable for several reasons to cover all the grounds, and it was felt that something should be done to reach these communities having no public health service. Also, the demand from the women of the country for health education has become insistent.

The Red Cross has decided to form classes to teach home nursing and home hygiene to the women of Canada. It is hoped the instructors for these classes will be registered graduate nurses living in the communities, not professionally engaged, or, if so, having spare time at their disposal and willing to give this service to their people. Nurses giving such service will help in no small degree the crusade for good health. It is hoped that nurses will volunteer their services to the division of the Red Cross in their provinces. The Red Cross Manual for Home Nursing Classes will be supplied to the nurse-instructors. A junior course on home nursing classes for adolescent boys and girls is also available.

In Ontario this work is already well under way, and nurses have been most generous in their response to the call for instructors; but there is still a large field for volunteers, not only in Ontario, but all over Canada.

C. DAVIDSON, R.N.

NEWS ITEMS

NEW BRUNSWICK.

Miss Bertha Gregory (General Public Hospital, St. John, 1916), graduate in Public Health, Dalhousie University, has accepted a position at Truro, N. S.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

How to Keep a Nurse Interested in Her Patient

By MARY E. MARTIN,
Superintendent of Training School, Winnipeg General Hospital.

The problem of keeping the student nurse interested in her patient is one which every school superintendent finds herself faced with most of the time.

The probationer enters the hospital full of the zealous enthusiasm characteristic of the youth of to-day, dreaming great dreams of splendid opportunity, of purposeful activity, of willing service, with the patient as the core and the meaning of it all. In most cases this enthusiasm keeps its bright lustre throughout the probation period, and even sometimes much longer, depending, of course, upon the individual, but usually it begins to show signs of dimness towards the end of the first year.

Some superintendents dismiss this lagging interest with the high-handed explanation that the novelty of any new situation wears off after a while, and that this gradual loss of interest of the nurse in her patient is simply a matter of course. But is it? True, the novelty of every situation does wear off. Novelty is only a matter of fresh stimulus, and freshness gives place to familiarity, and familiarity to routine as the stimulus is repeated. But surely, if the student has been chosen wisely and her training and environment are what they should be, before the novelty has worn off, something finer, something more real should have been developed in her to take its place.

Part of the trouble begins with the selection of the wrong type of student, and could be obviated in some measure by closer and more individual contact and supervision during the probation period, at the end of which there should be a dropping out of the undesirable student, whether from point of view of academic standing, moral, physical, or other unfitness for the work.

Beginning, then, with the desirable student, we must see to it that she is kept mentally and physically fit, for otherwise her patient will become a trial and her duties burdensome. Fortunately, we have reached a stage in nursing progress when an eight-hour day for the student nurse is almost universal, thus affording the necessary time for rest and recreation. But too often we stop there, and, for our night nurses, rest is a matter of chance rather than arrangement, and in the matter of recreation there is little provision made or guidance offered. Someone has defined recreation as anything which adds to the joy of living without detracting from the capacity for work; but how much are we doing for our nurses to add to their joy of living? Where are our gymnasiums, our tennis courts, our swimming pools?

We boast of our knowledge of psychology, and yet our nurses' homes are often dark, dingy and unattractive, and our reading libraries, when we have such, contain very few up-to-date books and magazines. Surely, if we could but impress upon our school trustees and friends the tremendous importance of environment on character and well-being, something more could be done to make our homes more attractive, more conductive to the physical and mental well-being of the student nurse.

In the matter of supervision of the physical condition of the student, there is also need for greater care. We have all amongst us the nurse who makes a mountain out of every molehill of small temporary indisposition; but there is also the opposite type, the shy, reticent individual, who sometimes refuses to give in until she has reached the point of breaking down, and often she is allowed to reach that stage unnoticed, and the fallen arch, the frequent sore throat, the little cough, the strained eye muscle, have sapped every bit of her interest and her strength. Some schools very wisely make each supervisor responsible for the physical well-being of the students on her wards. Each student is weighed every month, and her weight, with any observation of indisposition, incapacity, or disinterest in her work, is reported to the training school for investigation. By means of this arrangement incipient disease of one kind or another has often been recognized at an early stage, and disinterest because of ill health has been minimized. A still better plan would be the introduction of the school nurse to entirely look after the health of the students.

The type and the amount of teaching in our training school has much to do with the fostering and maintaining of the interest of the nurse in her patient. A great deal can be done in the class-room or

lecture-hall; but this teaching, in order to be really effectual, must be followed up with clinics on the ward. Even in dealing with a subject like anatomy, the patient can be kept before the student. Take a lesson on the abdominal muscles, for instance. If, here, the teacher explains the meaning of hernia, illustrating the anatomy involved by means of drawings, charts, or lantern slides, and then follows up with clinical instruction on the ward, an association of ideas has been given the student on that particular piece of anatomy, and she is much more apt to remember the lesson and its meaning. Or take materia medica, probably one of the hardest subjects in which to arouse much interest. If the instructor can take her class in little groups around the hospital and show signs of therapeutic action here, and symptoms of overdosing there, the student is stimulated to observe for herself, and the patient in her charge gets better and more intelligent attention.

Every subject taught, every clinic given, however small, must be shown to have a very definite and important part in caring for the patient.

Each nurse must be trained to realize that, however young, however inexperienced she yet may be, her piece of work is a contribution to the whole, and invariably leaves its measure of influence, whether for good or ill. This teaching, of course, will necessitate doing away with a great deal of cleaning, dusting and arranging of linen that could and ought to be given over to ward maids; but we are reaching a stage of nursing development when no lesser measures will be adequate to meet the needs of the student.

Our supervisors should all be trained to teach, to complement the work in the class-room, or demonstration-room, with follow-up instruction at the bed-side. It is a good plan to assemble this group from time to time, explaining the curriculum, going over the methods taught, asking for suggestions and soliciting their co-operation on the wards in this regard.

Bed-side clinics, with the attending physician or surgeon, with the house surgeon, or with the supervisor, should be advocated and encouraged. The student should be taught to find out from the chart or from her patient the history of the ease, the nature of the illness, and the reason for every treatment or medication, with the observation of effects.

The importance of giving lectures on psychology and social service work to the student nurse cannot be overestimated. To know all is to understand all. Unless the living conditions, the physical, mental and moral environment of the patient and its relationship on mind and body is known and understood, the student cannot possibly get that breadth of vision which alone creates an intelligent understanding of and sympathy with the needs and the vagaries of her patient, and a knowledge of how to meet them.

Shall we not then see to it that, as far as it lies in our power, everything shall be done to attract the desirable student, to keep her physically

fit, to obtain for her an environment which will help to give "a heart at leisure from itself," and a type of teaching which will be conducive to the best interest of the patient and the highest development of the student herself?

Private Duty Nursing Department

National Chairman—Miss Edith Gaskell, 397 Huron Street, Toronto.

Vice-Chairman—Miss Agnes Kelly, 457—12th St., N.W., Calgary.

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.

Convenor Press Committee—Miss Clara A. Brown, 86 Avenue Rd., Toronto, Ont.

Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.

Quebec Representative—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.

Ontario—Miss Helen Carruthers, 404 Sherbourne Street, Toronto, Ont.

Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.

Saskatchewan—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.

Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

British Columbia Representative—Miss M. L. McLeay, 1532 Comox Street, Vancouver, B.C.

Graduate Nurses Hold a Bazaar

The fine auditorium of the Masonic Temple was the choice of the Central Registry of Graduate Nurses of Toronto this year for the holding of a bazaar to augment their fund for the purchase of a residential club for nurses.

The nurses began their preparations early in the year, and Miss Clara Brown, of the Central Registry Council, was chosen convenor of the committee on arrangements, and now the nurses are telling Miss Brown that she is as expert a manager as she is a nurse, and deservedly so—the arrangements were perfect and the decorations lovely.

Colonel Primrose, Dean of the Faculty of Medicine of the University of Toronto, gave a splendid address, stressing the need of such a home for nurses, and made a very urgent appeal for help. He then introduced

Mrs. Cockshutt, wife of the Lieutenant-Governor, who, in declaring the bazaar open, spoke of her deep appreciation of the nursing profession, which she described as the noblest, but most exacting and wearing of all professions. She, too, made an earnest appeal on behalf of the fund.

The beautifully decorated booths were full of pretty and useful things, the handiwork of the nurses. Their friends, nurses who are no longer in active service, and even members who no longer reside here, sent in contributions; and to all these, and to everyone who helped in any way, the nurses' hearts go out in grateful thanks.

A new feature of the bazaar this year was a magazine booth. The *McCall Magazine,* in return for the privilege of having a booth in the auditorium, returned to the fund one-half of all subscriptions obtained, which venture also netted us a substantial sum.

Such efforts as these, on the part of private duty nurses, represent a great deal of hard work and self-sacrifice, particularly on the part of the convenor and her committee; but they all declare they enjoyed it, and are happy to have added $2,000.00 to the fund, which we are all hoping may some day, not too far away, be large enough to realize our hope.

"HOPEFUL."

Writing—A Duty

By MINNIE GOODNOW,
Superintendent of Nurses, Children's Hospital, Washington, D.C.

Probably we all will agree that fiction is one thing and a technical article is another. We may go even farther and state that literature is one thing and writing is another. The conclusion that the editor wishes us to draw from these apparently harmless statements is that ordinary people can write acceptable articles for technical magazines. Let us see if this conclusion is warranted.

You do not accept a position because you can do the work better than anyone else, but because it needs to be done and you can do it with some degree of skill. Even the President of the United States is not always chosen because he is the best man for the job; yet he frequently proves a considerable success. In fiction, would-be novelists are advised not to write unless they feel an irresistible urge to express something which they feel the world needs; good advice, else the editorial waste-baskets would overflow more often than they do. For serious articles, the advice should be modified to read, *"Always write* if you can say anything which needs to be said."

DON'T NEED COURSE IN JOURNALISM

So it comes that our ability to say a thing better than anyone else is not so much the consideration as the fact that the thing needs, in one

way or another, to be said. If we have any piece of experience or bit of knowledge of probable or possible use to other people, it is not egotism, but a duty to put it into print, so that it may be available to those who need it. Perhaps a similar thing appeared a few days ago. Who looks up the back files of magazines? Moreover, not all of the present readers were readers five years ago. Those who need help are the new readers, those recently come into the field, those who are meeting to-day's prom-lems, not those of a few years ago. If we can give such help, are we not evading our duty if we withhold it?

Then you object, "But I can't write." The answer is, you can *learn* to write, and that without even a correspondence course in journalism. If you can think clearly, you can, with a certain amount of practice, write clearly. Often the editor's greatest need is a concise, understandable statement of things which you know or believe to be true, of matters which you have observed or worked out, or even a statement of facts or methods which you think already well known. If the editor does not need it, or finds it not to the point, he will not be too soft-hearted to tell you. Editors are not that way. If he accepts an article, long or short, be assured that he and his readers really need it.

Simple Things Are Wanted

Personal experience may illustrate. A writer of hospital magazine articles and books for nurses says: "My first article to be published in a nursing journal was one page of pointers on teaching materia medica; my first in a popular magazine was information for girls who thought they wished to be nurses. Each was probably accepted because it was a concise statement of facts, and not for any literary merit which it possessed. I should probably never have written a book had not someone else seen that it was needed, convinced me of the need and prodded me until I supplied it. My two "best sellers" are books which I wrote under protest. In them I merely tried to state clearly and comprehensively what the other person had convinced me needed stating, putting it into the form in which I myself could best use it. It appeared that other people were wanting things as simple as that.

One suggestion is pertinent. Do not try to write for the highbrows, the important people, the leaders. They do not need your articles. Write for the ordinary people who need what you, an ordinary person, can give them. Just because you see things from the average viewpoint, you have a better chance of expressing them so that they may be helpful to the average person. Don't pretend to be a genius (though genius has been defined as "ability to see the obvious"), nor an authority on any subject. Merely start with the idea of trying to help people like yourself, or of just a little less experience, who are trying to find out the best way of doing things.

Clearness Is Chief Virtue

As to the technique of writing: Always make, and follow, an out-line, for even the simplest article. Without it, your ideas run away with

you, and you will probably fail of a clear statement. In making your first draft, write what seems to you vital at that time, without spending too much time on rhetoric or choice of words. Then, without reading over what you have written, put it away and forget it. In a week, get it out and read it aloud to yourself. You will probably see its strong points and its weak ones. It is likely to need some rearranging. It will almost surely need recasting in parts, classifying or pruning. There will be changes to be made in wording of phrasing. The process is much like trimming a hat or arranging a room. Examine every sentence for clearness. Have you said what you meant to say? How can you make it clearer? Challenge every statement, to see if it will "hold water." Do not try for style nor beauty nor vividness, merely for clearness. Conciseness may be overdone; verbosity is to be avoided. Good illustrations or examples always add to the forcefulness of any article or statement, and should be used if possible, since the reader may later recall the illustration and so remember your point.

Do not read your work to a friend nor ask an admirer for criticism, unless he is someone who has had a good deal of experience in writing. When you have done your best, send it to the editor. If he rejects it, try again. If he suggests changes, consider yourself complimented and make them. If your first attempt it not an entire success (whose ever was?), still the world is calling to you to help others by telling them the things which you—a commonplace person—have found out.

—*The Modern Hospital.*

Pupil Nurses' Department

Our Operating Room Service

The operating-room training in our hospital is of three months' duration. There are seven nurses on the staff, and each one has her own particular duties.

The first two weeks are spent in what is known as "outside service." The duties of the nurse on this service are the care of the sterilizing and supply rooms. She washes all the instruments used in the operating rooms, dries them and puts them away in the presses in their proper order, and for her guidance in this there are, hanging inside the doors of the press, a complete list of all instruments used for each operation, written in the order in which they are placed on the shelf. The difficulty of applying the right name to the right instrument is overcome by cards on which are pasted illustrations of the instruments, cut from the catalogues, with the name and number required under each. There is a card

for the lapartomy set, for the tonsil set, for the gynecological set, and so on for all instruments used.

This nurse has also the care of the linen, splint and supply presses. In this way she is enabled to know where things are kept, and later on, when she is in the rooms and is sent out to fetch anything in a hurry, she can readily lay her hands on it. She sees that the intravenous, interstitial, subcutaneous and aspirating trays are kept ready set and sterilized. There are complete lists of every article and instrument used on each tray, and with these she must be familiar, also all requirements for the lavage tray. She helps the other nurses to fold, wrap and initial the linen for sterilization, and helps in the making of supplies.

The nurse has thus become familiar with articles used and can get them at a moment's notice, in this way saving time for the patient and nerve-strain for all others concerned. The nurse has also come to know and understand the tone and atmosphere of the department. When it is time for her to go as utility nurse in the operating room, she does so with a degree of self-confidence and calmness that makes for efficiency there.

The second two weeks are spent as "utility" or "unsterile nurse" in the second O.R. This room is used for all emergencies and minor operations. The duties of this nurse consist of setting up of the anaesthetic trays each night before going off duty, and the preparation of the anaesthetic table in the operating room. She opens the wrapped linen for the "sterile nurse," when the room is being prepared, and remains there during the operation to wait on the doctor and sterile nurse.

The third stage is "scrubbed nurse" in the second O.R. She has charge of all tables, both sterile and unsterile; sterile linen, and all supplies needed in the room for the operation. During the operation she handles the sponges, instruments and sutures.

Then comes the fourth two weeks, "utility," in the first O.R., or the main O.R., in which all major operations are performed. This nurse has charge of the setting up of the anaesthetic table, and assists the sterile nurse in opening the linen when the room is set up for an operation. She counts the dirty sponges, checking them with the "sponge nurse," and enters them up in the "sponge book." She is also responsible for marking down on the chart any drains used before the patient is returned to the ward. This nurse has charge of all pathological specimens, sees that they are properly labeled and sent to the laboratory.

The duties of the "scrubbed nurse" in the main operating room are the same as those in the second room; but in the case of all major operations there are two nurses "scrubbed," in which case she is "instrument nurse," while the second nurse is "sponge nurse." When the patient is under the anaesthetic the field of operation is painted and the patient is draped by the "instrument nurse," while the sponge nurse, in the meantime, assists the doctors into their sterile gowns and gloves. When the

operation begins, the "instrument nurse" keeps the doctors supplied with instruments and threads needles with sutures required.

The ligatures are wound round a sponge and handed to the doctor, thus saving catgut.

The "sponge nurse" supplies the doctors with hot sponges, and keeps a count upon all clean sponges, which she checks with the "utility nurse." The adhesive plaster, which is used to strap up the patient after dressings have been applied, is cut to the necessary width and length beforehand, and laid on a thin, flat board covered with gauze. This method is found to be very handy and saves much time. The nurse in charge of this room has also to keep the water sterilized and suture jars filled.

Then comes the charge of the third O.R., i.e., the room used for all "septic cases."

We have now come to the last two weeks, in which she has charge of the eye, ear, nose and throat O.R., the upkeep of all supplies required, and attendance at all the operations performed in the room.

As a help to the nurses in the operating room, the Sister Supervisor has prepared minute directions for what has to be done by each nurse, and that for each specific operation, before, during and after operation.

These directions are read, explained and studied, and may be referred to at any time. They give the nurse the assurance that she is right, and because of that assurance her mind is calm and prepared for any emergency.

All this, together with practical demonstrations in surgical technique given by the Sister Supervisor, completes what is a very thorough operating-room training, which is so essential to the career of a nurse.

MABEL HARTLEY, '24.

St. Joseph's Hospital, Victoria, B. C.

Hospitals and Nurses

NEW BRUNSWICK

ST. STEPHEN

The St. Stephen Local Chapter held a most enjoyable Hallowe'en party in the residence of the C. M. Hospital on October 31st. The senior class of the C.M.H. were among the invited guests.

Miss Evelyn Morris (C.M.H.) has accepted a position in the Eastern Maine Sanitarium, Presque Isle, Me.

ST. JOHN

Miss Rheta Wilson (G.P.H., 1923) has accepted a position in the Arostock County Hospital, Moulton, Me.

Miss M. L. Murdoch has resigned from the V.O.N. at Marysville, N.S., and has accepted a position in the Presque Isle Hospital, Me.

The St. John Chapter of the N.B.A. of G.N. held a very successful bridge party on November 3rd, realizing $130.00 for the chapter funds.

Miss Vera Brien (G.P.H., 1922) has accepted a position as head nurse in the General Public Hospital, St. John, and Miss Laura Keith (1922), who resigned her position at Dunn Hospital, Bathurst, has accepted that of assistant superintendent of nurses at the G.P.H., this position being made vacant by the resignation of Miss Marjorie Matchett.

* * * *

QUEBEC

Montreal General Hospital

Miss Annie Reid (1917) has accepted the position of superintendent of the Sherbrooke Hospital, Sherbrooke, Que.

Miss Beatrice Hadrill, B.A. (1917), has been accepted as superintendent of Sweetsburg Hospital, Sweetsburg, Que.

Miss Margaret McCammon (1918) has taken charge of the University Hospital, Edmonton, Alberta.

Miss Frances Upton is taking the hospital administration course at the McGill School for Nurses.

Miss Ida Cooper, who has been in charge of the Reception Hospital, Saranac Lake, N. Y., for almost a year, has returned to Montreal.

Miss Janet Brown is relieving as matron for Miss Hardinge at the Night Nurses' Home on Sherbrooke Street. Miss Hardinge has been called away owing to serious illness in her family.

The engagement is announced of Miss Eileen Daly (class 1916) to Mr. M. Hinchy. The marriage is to take place on December 15th, at Chicoutime, P.Q., where Mr. and Mrs. Hinchy will reside.

Miss Madge Baldry (1923) is engaged in private nursing at her home in Chesterville, Ont.

Sympathy is expressed for Miss E. Hogge (1917), called home to the bedside of her father, who is seriously ill.

Graduate nurses of Montreal have reason to feel proud of the results of the bazaar, bridge and dance given through the courtesy of the Ritz-Carlton Hotel on November 22nd and 23rd, when $6,000.00 was cleared. This included $40.00 donated by the students of Jeffery Hales' Hospital, Quebec; one of $1,000.00 sent to the R.V.H., and by that Alumnae to the bazaar fund (this was sent in by Mrs. Walter Stewart, a graduate of the R.V.H.), and one of $100.00 from Mr. Hosmer. The proceeds add to the purchasing fund for a club-house for the nurses of Montreal. Those in charge of the undertaking were: General convenor, Miss Agnes Jamieson; secretary-treasurer, Miss Lucy White; dance convenor, Mrs. F. O. Andrews; bridge convenor, Mrs. E. Menier; Tea Committee, Mrs. F. Lamb and Mrs. C. Nelson; R.V.H. convenor, Miss Ethel Gall; M.G.H. convenor, Miss Georgie Colley; W.G.H. convenor, Mrs. J. Pollock; M.H.H. convenor, Mrs. H. Pollock; M.W.H. convenor, Miss Mariette Forbes; C.M.H. convenor, Miss Maddock; L.G.H. convenor, Miss Willet; Out-of-Town Graduates' Committee, convenor, Miss Lucy Dalç; Public Health Nurses, convenors, Misses Lawrence and Chillas; French Hospitals' convenor, Miss Chagnon.

The bazaar and tea were held the first day, when booths, with nurses from each hospital in uniform, proved most successful. The P.H. nurses displayed a beautiful flower garden on the platform in the ballroom. Bridge was held the afternoon of the second day, with 100 tables, prizes being awarded each table and tea served by the Ritz-Carlton. During the tea hour a musical programme was rendered through the kindness of Miss Margaret Stark. Nearly 400 guests attended the dance, when the music was furnished by the Vander Heague orchestra, and light refreshments by the Montreal Women's Hospital. The graduate nurses of Montreal are very grateful to the management of the Ritz-Carlton Hotel, who again this year donated the ballroom, gallery, tearoom equipment, with many other kindnesses, too numerous to mention, for this occasion.

* * * *

ONTARIO

STRATHROY.

The Nurses' Alumnae Association gave a most successful euchre party and dance, October 31st, in aid of furnishings for the library of the new residence for nurses, this special feature having been taken as their work this year. One hundred dollars was realized, and this, generously added to by a gift of $50.00 from the Local Council of Women, makes a decided start towards the objective.

At the regular monthly meeting of the Alumnae Association Dr. G. F. McFadden gave a very comprehensive lecture on "Cystoscopy," with a thorough explanation of the Towntree test. A dainty supper was served at the end of the meeting.

LONDON.

The November meeting of the Victoria Hospital Nurses' Alumnae Association, held in the Institute of Public Health, was largely attended. The business included the careful consideration of resolutions and problems sent in by the C.N.A.T.N. An instructive and interesting lecture on "Tuberculosis," delivered by Dr. D. D. Ferguson, was followed by a delightful social hour.

The Central Registry for Nurses, London, is now in active operation, and the appointment of Miss Jessie Mortimore as registrar has met with general satisfaction.

Mrs. Gibson has been appointed head nurse in charge of the maternity section of Victoria Hospital.

ONTARIO HOSPITAL, LONDON

The graduates of the Ontario Hospital, London, Ont., have organized and formed an Alumnae Association, with Miss Florence Ball as president.

COLLINGWOOD

The graduating exercises of the 1923 class of the General and Marine Hospital took place in the Parish Hall on November 21st, when six nurses received their diplomas and R.N. certificates, viz., Misses Bessie Weir, Emma Dunn, Mary Montgomery, Mary Geddes, Leila Ludlow, and Janet Thompson. The chair was taken by Mr. D. Williams, president of the board, and addresses were given by Dr. D. McKay and Dr. Roscoe Graham, of Toronto. A reception in the nurses' residence was held later.

Miss Mary MacPherson, assistant superintendent of the G. and M. Hospital, has been away on sick leave for several months, and Miss Johnson has been supplying in her absence.

An address on "Child Welfare" was given by Miss Dawson at the last meeting of the I.O.D.E.

KITCHENER

Miss Hansard, of London, England, spoke to the G.N.A., and to mothers of Kitchener, who were specially invited by the association to attend, on "Mothercraft." There was a very large attendance at this meeting.

Miss Ada Wesoloh (K. & W. Hospital, 1918) has volunteered for nursing service in China.

Miss L. M. Luterman (Lady Stanley Institute, Ottawa, 1922) has accepted the position of superintendent of nurses at the K. & W. Hospital.

Miss Mary McKay (T.G.H., 1915, and C.A.M.C.) has accepted the post of operating-room supervisor; and Miss Mary Orr and Miss L. McTeague, graduates of the K. & W. Hospital, have been appointed to the staff as supervisors.

The corner-stone of St. Mary's Hospital, Kitchener, was laid on October 21st. The building is going on rapidly, and will probably be ready for use in the course of the year.

Through the efforts of the G.N.A., an extension course of university lectures was held in Kitchener, with the idea of educating the public along the line of social service and prevention of venereal disease.

Miss G. F. Marnel, of the G.N.A., has left for Philadelphia, where she has been assigned for duty at the U.S. Navy Hospital, League Island.

Miss D. Maden and Miss Schnaeringer (K. & W. Hospital) have taken positions on the staff of the Buffalo Receiving Hospital.

HAMILTON

Miss Grace Dunn has a position in the Minnesota General Hospital, Minneapolis, Minn.

Graduates of the Hamilton General Hospital are requested to send names and addresses to the new secretary of the Alumnae Association, Miss N. McPherson, Hamilton General Hospital.

* * * *

BRITISH COLUMBIA

VICTORIA

At the December meeting of the G.N.A., the lecturer, J. W. Warren, radiologist at the Royal Jubilee Hospital, gave a most informative address on "X-ray Diagnosis."

VANCOUVER

J. A. Riddington, librarian at the University of British Columbia, was the lecturer at the December meeting of the V.G.N.A. He gave a most interesting talk on "Books."

BIRTHS

Cobb—At Vancouver, B. C., on October 10th, 1923, to Mr. and Mrs. Roger Cobb (Jessie Forrest, St. Paul's Hospital, Vancouver, 1921), a daughter.

Curtin—At Vancouver, B. C., on October 5th, 1923, to Dr. and Mrs. T. V. Curtin (Gladys Thompson, St. Paul's Hospital, Vancouver, 1914), a son.

DeMerchant—At St. John, N. B., to Mr. and Mrs. DeMerchant (Ethel Kee, General Public Hospital, St. John, N. B., 1919), a son.

Dietrich—At Vancouver, B. C., on September 1st, 1923, to Mr. and Mrs. C. J. Dietrich (Viva Town, St. Paul's Hospital, Vancouver, 1921), a daughter.

MacLure—At Vancouver, B. C., on October 16th, 1923, to Mr. and Mrs. D. C. MacLure (Olive Till, St. Paul's Hospital, 1919), a daughter.

Price—At Duncan, B. C., on November 7th, 1923, to Mr. and Mrs. Llewellen Price (Hester Barker, Royal Victoria Hospital, 1918), a son, Trevor Colchester.

Wilson—At Mission Hospital, Lytton, B. C., on November 12th, 1923, to Dr. and Mrs. Wilson (Florence Turnbull, Holy Cross Hospital, Calgary, Alta.), a daughter.

MARRIAGES

Boyd-Burden—At Fredericton, N. B., on October 6th, 1923, Ruth Burden (C.M.H., St. Stephen, N.B.) to Gordon Boyd, of Fredericton.

Doyle-Fulton—At St. Stephen, N. B., July, 1923, Edna Fulton (C.M.H., St. Stephen) to Harry Doyle, of Calais, Maine.

Gingrich-Wildman—At Hespeler, Ont., on November 12th, 1923, Anna Wildman (Kitchener and Waterloo Hospital, 1922) to Karl Gingrich.

Haley-Gamblin—At Collins, N. B., on August 4th, 1923, Margaret Gamblin (C.M.H., St. Stephen) to L. J. Lucius Haley, of St. Stephen, N. B.

McCallum-Mitchell—At Mount Pleasant Presbyterian Church, Vancouver, B. C., on December 5th, 1923, Ruth Alberta Mitchell (Vancouver General Hospital), daughter of Rev. A. E. and Mrs. Mitchell, to Mr. Alexander McCallum.

McManus-Codere—At Sherbrooke, P. Q., on September 18th, 1923, Margaret E. Codere (Montreal General Hospital, 1922) to Mr. F. J. McManus. They reside at 15805 Belden Avenue, Detroit, Mich.

McMillan-McKee—On Saturday, December 1st, 1923, by Dr. Clark, St. Andrew's Presbyterian Church, Westmount, Montreal, Florence McKee (Wellesley Hospital, 1923) to Wallace McMillan, Toronto.

Mann-Berry—At Randolph, Mass., Marion Berry (General Public Hospital, 1918) to Horace A. Mann.

Nicholson-Burden—At Fredericton, N. B., on September 4th, 1923, Dorothy Burden (C.M.H., St. Stephen, N. B.) to Frank Nicholson, of St. Stephen.

Parker-Lingley—At Westfield, N. S., on October 17th, 1923, Edna Lingley (General Public Hospital, St. John, 1923) to Harold Parker.

Thompson-Dunlop—At St. John, N. B., on September 26th, 1923, Gertrude Dunlop (General Public Hospital, St. John, N. B.) to Arthur Thompson.

Tobias-Gorman—On December 13th, at Grace Church, Brantford, by Rev. Archdeacon Fotheringham, Adeline Miriam Tobias (Graduate Hamilton General Hospital) to Dr. Morley Gorman, M.B., of Preston, Ont.

Ward-McLennan—At Chalmers' Church, Vancouver, B. C., by the Rev. McGougan, Maude Rodena McLennan, R.N. (Vancouver General Hospital, 1917), to Mr. William McKinley Ward. They will reside in Spokane, Wash.

Whidden-Humble—At Truro, N. S., September, 1923, Geraldine Humble (C.M.H., St. Stephen) to Ray Douglas Whidden, of Truro, N. S.

DEATHS

Fraser—The members of the Alumnae Association of the Women's Hospital, Montreal, regret to announce the death of Miss Margaret Fraser, which occurred at the Montreal General Hospital on November 21st, 1923, after a long illness.

Wheeler—At Cheng-tu, West China, 1923, Myrtle M. Wheeler (Vancouver General Hospital, 1921). Miss Wheeler was a missionary with the Canadian Methodist Mission, Cheng-tu, having returned there after a furlough last year.

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Large petitions with thee bring;
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Regular Meetings, First Friday of each month at 8 p.m.

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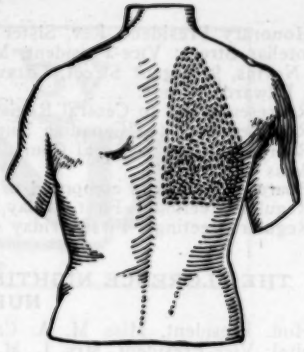
In Lobar Pneumonia strive for these 3 things



—To Reduce Pain
—To Combat Toxaemia
—To Support the Circulation

IN writing of these—of the symptomatic treatment—of Lobar Pneumonia, Osler says, applied heat will relieve pain, but until we have a specific which will safely neutralize the toxins of the disease, we must be content with measures which promote the elimination of the poisons .... Third, and all important in the treatment of Pneumonia, is to support the circulation.

Antiphlogistine accomplishes these desired ends, scientifically

Applied warm and thick over the entire thoracic wall, it relieves pain and congestion, by increasing the superficial circulation. The cutaneous reflexes are stimulated, causing contraction of the deep-seated blood vessels.

The over-worked heart is relieved from an excessive blood pressure; pain and dyspnoea are lessened, the elimination of toxins is hastened, and the temperature declines.

Antiphlogistine is a scientific product, the result of a working knowledge of chemistry as well as physics. Its therapeutic action is diagramatically explained at the foot of this advertisement, and its use for 30 years, in the treatment of Pneumonia and all other cases where inflammation and congestion are present, by hundreds of thousands of physicians, is your professional precedent.

Let us send you a trade-size package and our valuable booklet "The Pneumonic Lung"—both are FREE.

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Antiphlogistine
TRADE MARK

"Promotes Osmosis"

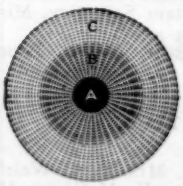
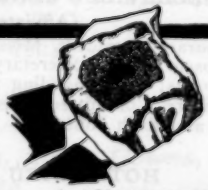


Diagram represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine, whose liquid contents, therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis. In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore, in the direction of the Antiphlogistine. In obedience to the same law exosmosis is going on in this zone, and the excess of moisture is thus accounted for.



Antiphlogistine poultice after application. Centre moist. Periphery virtually dry.

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Medical Nursing	6 months
Surgical Nursing	3 months
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Babies	2 months
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Books, uniforms and maintenance throughout. Four weeks vacation yearly.

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Arranged for graduates of accredited schools. This includes 6 weeks dispensary—prenatal, delivery and post-partum—service which is recognized and accepted by public health organizations throughout the country. Maintenance, and a monthly allowance of $25.00 for books and uniforms.

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Prepared for students of schools with limited or no obstetrical service.

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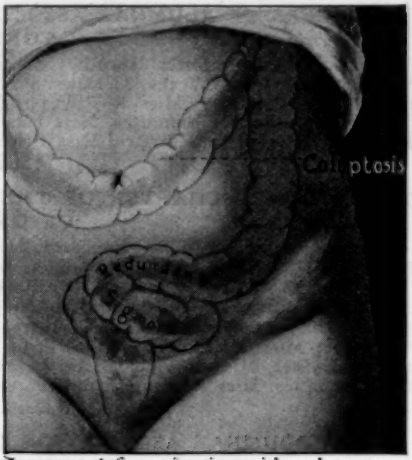
Colitis

Cecal retention



Impacted feces in sigmoid and rectum

LUBRICATION THERAPEUSIS

In Colitis, Cecal Retention and Coloptosis

COLITIS or inflammation of the colon, requires proper intestinal drainage to overcome the condition. Cathartic remedies are harmful in these cases, since they keep up and even increase the intestinal inflammation. Nujol given in cases of colitis softens the feces, lubricates the bowel wall which is often constricted, and permits a non-irritating passage.

CECAL RETENTION is the retaining of a heavy mass of feces in the cecum or first part of the colon. In this condition Nujol tends to facilitate the passage of the cecal contents into the ascending colon, thereby preventing the return of this material into the small intestine (a frequent occurrence) with its consequent absorption of poisons by the body.

FECAL WEIGHT in the transverse colon is a cause of the bearing down of the bowel that is frequently overlooked. The transverse colon may contain from five to ten pounds of fecal material. The greater the weight the greater the kinking at those places where the colon bends and the more difficult to empty the transverse colon. Nujol softens and lubricates this material, thus aiding its movement and relieving the stagnation.

Nujol, the ideal lubricant, is the *therapeutic common denominator* of all types of constipation. Microscopic examination shows that a lubricant that is too heavy fails to permeate the feces, and one that is too light tends to produce seepage. Exhaustive clinical tests show the viscosity of Nujol to be physiologically correct and in accord with the opinion of leading medical authorities.

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Representatives to Central Registry—Miss A. Kerr, Miss Binkley, Miss Waller, and Miss Elsie Maine.

Sick Committee—Miss A. P. Kerr, Miss M. E. Dunlop, Miss R. Burnett, Miss Ainslie, and Miss Kate Peart.

ALUMNAE ASSOCIATION OF THE BRANTFORD GENERAL HOSPITAL

Honorary President, Miss M. Forde, Superintendent Brantford General Hospital; President, Miss Hope Dieringer, 67 Sheridan Street; Vice-President, Miss W. D. Wiley, 164 Park Avenue; Secretary, Miss J. E. Martin, 154 Rawdon Street; Assistant Secretary, Miss E. McKay, 121 Market Street; Treasurer, Miss F. Westbrook, 367 Park Avenue.

Gift Committee—Misses S. Livett and C. McMasters.

Social Convenor—Mrs. Caton, 124 Rawdon Street.

Flower Committee—Misses C. Kelly and McKee.

Press Representative—Miss A. Hough.

"Canadian Nurse" Representative—Miss C. B. Good, R.R. No. 4, Paris, Ont.

Meetings held at the Nurses' Residence, first Tuesday.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHARINES, ONT.

Honorary President, Miss L. Uren, C. and M. Hospital, St. Catharines; President, Mrs. Parnell, 124 Lake Street, St. Catharines, Ont.; Vice-President, Miss Marriott, Berryman Avenue; Secretary, Miss E. Rawlings, G. and M. Hospital; Treasurer, Mrs. W. Durham, R.R. No. 4; Auditors, Miss A. Calvin and Miss F. L. Cowley.

"Canadian Nurse" Magazine Representative—Miss E. M. Armbrust.

Programme Committee—Misses A. Moyer, M. Stevens, F. Cowley, A. Calvin, B. Kennedy, and Mrs. Leo Brett.

Regular Meeting—Last Tuesday, 2.30 p.m.

THE ALUMNAE ASSOCIATION OF THE AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONTARIO

Hon. President, Miss L. Weldon; Hon. Vice-President, Miss L. Armstrong; President, Miss L. Crane; Vice-President, Miss Y. Birt; Secretary, Miss L. Parker; Treasurer, Mrs. R. W. Stevenson.

Executive Committee—Misses Vollett, Bennett, Bell, Grant and Coulthard.

Representative to "Canadian Nurse"—Miss H. Hastings.

SARNIA GENERAL HOSPITAL ALUMNAE

Hon. President, Miss K. Scott, Superintendent S.G.H.; President, Miss M. Lee; Secretary, Mrs. H. Shanks, London Road, Sarnia; Treasurer, Miss Noble; Correspondent for "Canadian Nurse," Miss J. B. Taylor, R.R. No. 2, Camlachie, Ont.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, CHATHAM, ONTARIO

Honorary President, Sister M. Regis; Honorary Director, Sister M. Theodore; President, Miss Hazel Gray, Chatham, Ont.; Vice-President, Miss Felice Richardson, Chatham, Ont.; Secretary-Treasurer, Miss Grace Norton, Chatham, Ont.

Representative to "Canadian Nurse"—Miss Anna Curry, Chatham, Ont.

Sick Committee—Miss R. Waters, Port Huron; Miss Ilhargey, Detroit, Mich.; Miss E. Mann, Chatham, Ont.

Regular Monthly Meetings—First Monday of each month at 3 p.m.

THE THUNDER BAY GRADUATE NURSES' ASSOCIATION, FORT WILLIAM AND PORT ARTHUR, ONT.

Honorary President, Mrs. J. W. Cook, Fort William, Ont.; President, Mrs. W. McClure, Fort William, Ont.; First Vice President, Miss Irene Holmes, Port Arthur, Ont.; Second Vice-President, Mrs. M. Wark, Port Arthur, Ont.; Third Vice-President, Mrs. S. Hancock, Fort William, Ont.; Treasurer, Miss T. Gerry, Fort William, Ont.; Recording Secretary, Miss Marjorie Strawson, Port Arthur, Ont.; Corresponding Secretary, Mrs. W. J. Stirrett, Port Arthur, Ont.

Convenor of Sick Visiting Committee—Mrs. O'Leary, Port Arthur, Ont.

Convenor of Social Committee—Miss Sara MacDougall, Port Arthur, Ont.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss Frances Sharpe; President, Miss Gladys Mill, R.N.; Vice-President, Miss Winnifred Higgins, R.N.; Recording Secretary, Miss M. H. Mackay, R.N.; Assistant Secretary, Miss Annie Hill, R.N.; Corresponding Secretary, Miss Gladys Jefferson, R.N.; Treasurer, Miss Evelyn Pears, R.N.

Regular Monthly Meeting—Second Monday, 8 p.m.

THE SAULT STE. MARIE GENERAL HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Rev. Sister M. Dorothea; President, Miss M. Delaney; First Vice-President, Mrs. J. O. Driscoll; Second Vice-President, Miss S. Kehoe; Secretary-Treasurer, Miss Mae Marshall, General Hospital, Sault Ste. Marie, Ontario.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA

Honorary President, Rev. Sister Gallant, St. Boniface Hospital; President, Miss Stella Gordon, 251 Stradbrook Avenue, Winnipeg; First Vice-President, Miss Kate Wymbs, King George Hospital; Second Vice-President, Mrs. George McDonald, No. 1 Vaughan Street; Secretary, Miss A. Racine, 34 Valado Street; Treasurer, Miss Theresa O'Rourke, 119 Donald Street.

Convenor of Social Committee—Miss Chafe.

Convenor of Sick Visiting Committee—Miss G. Comartin.

Representative to "Canadian Nurse"—Miss Theresa Fitzpatrick, 753 Wolseley Ave.

Representative to Registrar—Miss A. Starr, 753 Wolseley Avenue.

THE MANITOBA ASSOCIATION OF GRADUATE NURSES

President, Miss Wilson, 798 Grosvenor Ave. (F. 6502); First Vice-President, Miss Johnstone, Superintendent of Nurses, Brandon General Hospital; Second Vice-President, Miss Martin, Superintendent of Nurses, Winnipeg General Hospital (N. 7681); Third Vice-President, Sister Gallant, Superintendent of Nurses, St. Boniface Hospital (N. 1121); Recording Secretary, Miss Carruthers, Nurses' Residence, Wolesley Ave. (B. 620); Corresponding Secretary, Miss Gordon, 251 Stradbrooke (F. 6339); Treasurer, Miss Wilkins, Bureau of Child Welfare.

THE GRADUATE NURSES' ASSOCIATION OF BRANDON

Hon. President, Miss Birtles, Alexander, Man.; President, Mrs. Pearce, 1608 Lorne Ave., Brandon; Vice-President, Mrs. Barager, Mental Hospital; Secretary, Miss Finlayson, Brandon General Hospital; Treasurer, Miss Cannon.

Convener of Registry and Eligibility—Miss C. McLeod.

Sick Visitor—Miss Kid, 12th St., Brandon.

Press Representative—Mrs. W. W. Kid, Suite 14 Imperial Apts., Brandon.

THE GRADUATE NURSES' ASSOCIATION OF MOOSE JAW, SASK.

Honorary Advisory President, Mrs. Harwood, 430 Athabaska W.; Honorary President, Mrs. Humber, 662 Stadacona W.; President, Miss H. Riddell, 813 Second N.E.; 1st Vice-President, Miss Eisele, Superintendent General Hospital; 2nd Vice-President, Miss Shepherd, York Hospital; Secretary-Treasurer, Miss C. M. Kier, Y.W.C.A.; Press Representative, Mrs. Lydiard, 329 Third N.E.; Social Service Committee, Mrs. Hedley, 1155 Grafton; Convenor Finance Committee, Miss Lind, 176 Hochelaga W.; Convenor Educational Committee, Mrs. Metcalf, 37 Hochelaga W.; Convenor Social Committee, Miss Clarke, General Hospital; Convenor Registration Committee, Miss L. Wilson, 1159 Alder Avenue; Convenor of Constitution and By-laws Committee, Miss Hunter, Cottage Hospital.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

Incorporated March, 1917

President, Miss R. M. Simpson, Department of Education, Regina; First Vice-President, Miss E. Eisele, General Hospital, Moose Jaw; Second Vice-President, Sister Mayer, St. Paul's Hospital, Saskatoon; Secretary-Treasurer, Miss Mabel F. Gray, 2331 Victoria Avenue, Regina.

Councillors—Miss M. Montgomery, Sanitarium, Fort Qu'Appelle; Mrs. Feeney, School Hygiene Staff, Yorkton.

THE EDMONTON GRADUATE NURSES' ASSOCIATION

President, Miss Brightly; First Vice-President, Miss Olive Ross; Second Vice-President, —— ——; Secretary, Mrs. Bonneau, 10224—107th Street, Edmonton; Treasurer and Registrar, Mrs. J. Lee, 9928—108th Street.

Convenor of Sick and Flower Committee—Miss E. McRae.

Convenor of Social and Programme Committee—Miss B. McGillivray.

Representative to "Canadian Nurse"—Mrs. M. A. Boyce, 9528—106th Street.

MEDICINE HAT GRADUATE NURSES' ASSOCIATION

President, Mrs. C. E. Smyth, 874 Second Street; First Vice-President, Mrs. C. Anderson, 335 First Street; Second Vice-President, Mrs. F. Gershaw, 826 Second Street; Secretary, Miss E. McNally, Medicine Hat General Hospital; Treasurer, Miss F. Smith, 938 Fourth Street.

Executive Committee—Mrs. J. Hill, 268 Eighth Street; Mrs. J. Devlin, 57 Fourth Street.

Flower Committee—Miss E. Auger, Medicine Hat General Hospital.

New Membership Committee—Miss A. Phinney, 546-A Sixth Avenue; Miss M. Middleton, Medicine Hat General Hospital.

"Canadian Nurse" Representative—Miss A. Green, 413 Fifth Street; Miss E. Auger, Medicine Hat General Hospital.

Regular Meeting—First Monday in each month.

CALGARY ASSOCIATION OF GRADUATE NURSES

President, Mrs. A. H. Calder, 510—10th St., W.; First Vice-President, Miss Dewar, 326—18th Ave., W.; Second Vice-President, Miss Willison; Recording Secretary, Miss Fraser; Corresponding Secretary, Miss Olin, 2012—2nd St., W.; Treasurer, Miss N. B. D. Hendrie, 1314—4th St., W.; Registrar, Miss M. E. Coopoer, 1412—1st St., W.

Delegates to L.C.W.—Mrs. R. P. Stuart, Miss Agnes Kelly, and Miss Dewar.

Sick Committee—Misses Ashe and Ballard.

Finance Committee—Misses Agnes Kelly and Maclear.

Books Committee—Misses Quance and McLear.

Entertainment Committee—Miss Cooper.

Committee for "Canadian Nurse" Magazine Subscriptions—Misses Cooper and Phillips.